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				Application Number		
				Filing Date		
				First Name Inventor		
				Group Art Unit		
				William T. Graushar		
				Examiner Name		
				Attorney Docket Number		
				077047-9410-02		
Sheet	1	of	2			

U.S. PATENT DOCUMENTS				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
/LN/		3,819,173	Anderson et al.	6/25/1974
		3,899,165	Abram et al.	8/12/1975
		4,576,370	Jackson	3/18/1986
		4,989,852	Gunther, Jr.	2/5/1997
		5,039,075	Mayer	8/13/1991
		5,114,128	Harris, Jr. et al.	5/19/1992
		5,317,654	Perry et al.	5/31/1994
		5,388,815	Hill et al.	2/14/1995
		5,419,587	McClure et al.	5/30/1995
		5,419,541	Stevens	5/30/1995
		5,458,323	Magee et al.	10/17/1995
		5,568,942	Stevens	10/29/1996
		5,590,912	Stevens	1/17/1997
		5,634,633	Graushar	6/3/1997
		5,655,759	Perkins et al.	8/12/1997
		5,950,401	Blohm et al.	9/14/1999
		5,988,620	Graushar	11/23/1999

Examiner Signature	/Leslie A. Nicholson III/	Date Considered	04/16/2007
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U.S. PATENT DOCUMENTS				
Examiner Initials		U.S. Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document
/LN/		6,059,316	Whittington	5/9/2000
↓		6,068,117	Koehn	5/30/2000
↓		6,126,201	Pace et al.	10/3/2000
↓		6,302,388	Graushar et al.	10/16/2001
↓		6,484,878	Combs	11/26/2002

FOREIGN PATENT DOCUMENTS						
Examiner Initials	Country Code	Foreign Patent Document Number	Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document	Translation	English Abstract

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